

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number:

3235-0076

Expires: April 30, 2008
Estimated Average burden hours per form 16.00

Prefix Serial DATE RECEIVED

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

No COM : POWAR CARRY WAS	un Europ I D O	C	1.D		
Name of Offering: ROYAL CAPITAL VAI	JUE FUND, LP- O	ffering of Limited	i Partnersnip I	nterests	
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	Rule 506	Section 4(6)	- JEROCESSEL
Type of Filing:	New Filing	☐ Amendment			ATO 0 -
	A. B	ASIC IDENTIFICA	ATION DATA		SEP 2 8 2000
1. Enter the information requested about the is	suer				
Name of Issuer (check if this is an arr	endment and name ha	s changed, and indic	ate change.)		THO WSO IN
ROYAL CAPITAL VALUE FUND, LP					<u></u>
Address of Executive Offices	(Number	and Street, City, Star	te, Zip Code)	Telephone Number (Inc	luding Area Code)
c/o Royal Capital Management, LLC, 623 Fifth	n Avenue, 24th Floor, N	New York, New York	c 10022	(212) 920-3400	
Address of Principal Business Operations	(Number	and Street, City, Sta	te, Zip Code)	Telephone Number (Inc	luding Area Code)
					183)
Brief Description of Business: To operate a	s a private investr	nent limited part	<u>nership</u> .		
Type of Business Organization					
☐ corporation	Ilimited partner	ship, already formed	□ c	other (please specify):	
business trust	☐ limited partner	ship, to be formed			07078779
		Mont	h Yea	г	
Actual or Estimated Date of Incorporation or C	rganization:	0	3 9	8 🗷 Actual	☐ Estimated
Jurisdiction of Incorporation: (Enter two-letter	U.S. Postal Service A	bbreviation for State	:		
	la; FN for other foreig				E
				<u> </u>	LE

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		4 BAGIG IDENTIFIC	CATION DATA			
2. Enter the information	requested for the foll	A. BASIC IDENTIFI	CATION DATA			
	=	owing. as been organized within the past	five vears:			
		vote or dispose, or direct the vot	•	ore of a class of equ	uitv sec	curities of the issuer:
	- · · · · · · · · · · · · · · · · · · ·	orate issuers and of corporate ger				,
	naging partner of part			F		
Check Box(es) that Apply:	X Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	X	General and/or Managing Partner
Full Name (Last name first, if in	dividual)					.
ROYAL CAPITAL PARTNER	S, LLC (the "Gener	al Partner" or the "GP")				
Business or Residence Address	(Number and Street,	City, State, Zip Code)				
c/o Royal Capital Management,	LLC, 623 Fifth Avenu	ie, 24th Floor, New York, New Y	ork 10022			
Check Box(es) that Apply:		☐ Beneficial Owner		☐ Director		General and/or Managing Partner
Full Name (Last name first, if in	dividual)	•				
ROYAL CAPITAL MANAGE	MENT_LLC_(the "L	nvestment Manager" or the "IM"	')			
Business or Residence Address			<u>/</u>			
623 Fifth Avenue, 24th Floor, No						
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	Manager of the GP	☐ Director		General and/or
		_ beneficial owner	and the IM	— <i>Director</i>	_	Managing Partner
Full Name (Last name first, if in	dividual)					
FERGANG, YALE M.						
Business or Residence Address	(Number and Street,	City, State, Zip Code)				
c/o Royal Capital Management,	LLC, 623 Fifth Avenu	ie, 24th Floor, New York, New Y	ork 10022			
Check Box(es) that Apply:		☑ Beneficial Owner	Manager of the GP and the IM	☐ Director		General and/or Managing Partner
Full Name (Last name first, if in	dividual)					
MEDWAY, ROBERT W.						
Business or Residence Address	(Number and Street.	City, State, Zip Code)				
c/o Royal Capital Management,			. 1 10030			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Ork 10022 Executive Officer	☐ Director		General and/or
Check Box(es) that Apply.	Li Fiolilotei	Deneticial Owner	Executive Officer	Director	لسا	Managing Partner
Full Name (Last name first, if in	dividual)					<u> </u>
Business or Residence Address	(Number and Street,	City, State, Zip Code)				•
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if in	dividual)					
,	•					
Dunings Dunings Addings	(Al	Circ Store Zin On to				- "
Business or Residence Address	(Number and Street,	City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director		General and/or
Check Box(es) that Apply:	- Promoter	Beneficial Owner	Executive Officer	- Director		Managing Partner
Full Name (Last name first, if in	dividual)					*************************************
	•					
Business or Residence Address	(Number and Come	City State 7in Code)				
Pashings of Mandelice Addiess	transce and succe,	ony, state, zip code)				
	/17 17	habar anasasas 1177	al annias of this short			
	(Use blan	k sheet, or copy and use addition	ai copies of this sheet, as nec	cosary.j		

1.	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and	<u> </u>	
	indicate in the columns below the amounts of securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price (1)	Amount Already Sold (2)
	Debt	\$	\$
	Equity	\$	s
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$750,000,000	\$ <u>45,477,896</u>
	Other (specify)	\$	\$
	Total	\$750,000,000	\$45,477,896
	Answer also in Appendix, Column 3, if filing under ULOE.	\$ <u> </u>	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number investors (2)	Aggregate Dollar Amount of Purchases (2)
	Accredited Investors	60	\$ <u>45,477,896</u>
	Non-accredited Investors	0	\$ 0
	Total (for filings under Rule 504 only)	N/A	\$ N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	T 50	Dollar Amount
	Rule 505	Type of Security N/A	Sold \$ <u>N/A</u>
	Regulation A	N/A	\$ <u>N/A</u>
	Rule 504	<u>N/A</u> N/A	\$ <u>N/A</u> \$ <u>N</u> /A
			13.11
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$ <u>-0-</u>
	Printing and Engraving Costs		\$ <u>-0-</u>
	Legal Fees	X	\$ 30,000
	Accounting Fees	X	\$_5,000
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)	_	\$ -0-
	Other Expenses (identify) Blue Sky filing fees		\$ 5,000
	Total		\$_40,000(3)
(2)	Open-end fund. The maximum aggregate offering price is estimated solely for the purpose of this filing. The number of investors may include sales to U.S. and non-U.S. persons. Reflects an estimate of initial costs only.	3 .	

	C. OFFERING PRICE, NU	MIBER OF INVESTORS, EXPENSES AND US	LUF	PROCEEDS			
	b. Enter the difference between the aggregate offer total expenses furnished in response to Part C - Quest to the issuer."	\$ <u>749,960,000</u>					
5.	the purposes shown. If the amount for any purpose is	eds to the issuer used or proposed to be used for each of not known, furnish an estimate and check the box to the must equal the adjusted gross proceeds to the issuer set					
				Payments to Officers, Directors, and Affiliates		Payments to Others	
	Salaries and fees		X	S <u>(4)</u>		\$	
	Purchases of real estate			\$		\$	
	Purchase, rental or leasing and installation of machiner	y and equipment		\$		\$	
	Construction or leasing of plant buildings and facilities			\$		\$	
	Acquisition of other businesses (including the value of may be used in exchange for the assets or securities of	securities involved in this offering that another issuer pursuant to a merger)		\$		\$	
	Repayment of indebtedness			\$		\$	
	Working capital			\$		\$	
	Other (specify): Portfolio Investments			\$	X	\$749,960,000	
	Column Totals		X	\$_(4)	X	\$ <u>749,960,000</u>	
	Total Payments Listed (column totals added)			区\$ <u>7</u> 4	19 <u>,960,</u>	000_	
		D. FEDERAL SIGNATURE					
an i	e issuer has duly caused this notice to be signed by the un undertaking by the issuer to furnish to the U.S. Securities -accredited investor pursuant to paragraph (b)(2) of Rule	dersigned duly authorized person. If this notice is filed un and Exchange Commission, upon written request of its sta 502.	der Ri iff, the	ale 505, the folk information fu	owing si rnished	gnature constitutes by the issuer to any	
Issu	er (Print or Type) Sign	natufé		Date			
Rc	OYAL CAPITAL VALUE FUND, LP	Couch Ferang		09	20	07	
Ro	ne of Signer (Print or Type) PYAL CAPITAL PARTNERS, LLC, THE ENERAL PARTNER	e of Signer (Print or Type)					
Ву	YALE M. FERGANG, MEMBER ME	MBER OF ROYAL CAPITAL PARTNERS, LLC, THE	GEN	NERAL PARTN	NER OF	THE ISSUER	
	···· · · · · · · · · · · · · · · · · ·	-					

(4) Royal Capital Partners, LLC, the General Partner, will be entitled to receive a quarterly management fee. Royal Capital Management, LLC, the Investment Manager, will be entitled to receive an annual performance allocation. The management fee and the performance allocation are discussed in greater detail in the Issuer's confidential offering materials.

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	•	E. STATE SIGNATURE		
			Yes	No
1,	Is any party described in 17 CFR 230.262 presently	y subject to any of the disqualification provisions of such rule?		
		See Appendix, Column 5, for state response. NOT APPLICABLE		
2.	The undersigned issuer hereby undertakes to furnis such times as required by state law.	sh to any state administrator of any state in which this notice is filed, a noti	ice on Form D (17 CFR	239.500) at
3.	The undersigned issuer hereby undertakes to furnis	sh to the state administrators, upon written request, information furnished by	y the issuer to offerees.	
4.	(ULOE) of the state in which this notice is filed a	is familiar with the conditions that must be satisfied to be entitled to the Usand understands that the issuer claiming the availability of this exemption PLICABLE		-
The pers		ents to be true and has duly caused this notice to be signed on its behalf by t	the undersigned duly aut	horized
Issu	er (Print or Type) Sign	nature Date		
Ro	YAL CAPITAL VALUE FUND, LP	Goerle Lergano	9/20/07	
Ro	ne (Print or Type) YAL CAPITAL PARTNERS, LLC, THE NERAL PARTNER	e (Pfint or Type)		
BY	: YALE M. FERGANG, MEMBER ME	MBER OF ROYAL CAPITAL PARTNERS, LLC, THE GENERAL PA	RTNER OF THE ISSU	ER

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					В. 1	NFORMA	ATION A	BOUT O	FFERING	;				
	··· .			7			·-						Yes	No
l.	Has the issuer	sold, or d	oes the issue	r intend to	,				v				🗖	X
2	33/has in stance								ling under l				£1.00	0.000 *
2.	What is the m	inimum in	vesiment (na	at will be a	cceptea tro	m any indi	viduai?		***************************************				3 <u>1.00</u> Yes	0,000 * No
*(A	any lesser am	ount is a	at the sole	discretio	n of the	General .	Partner.)						163	140
3.	Does the offer				•		,						X	
4.	Enter the info	٠.	•	•										uneration for
	solicitation of registered with a broker or de	purchases the sec	rs in connec and/or with	tion with s a state or s	ales of sec tates, list tl	urities in t ne name of	he offering the broker	. If a perso or dealer. I	on to be lis	ted is an a	ssociated p	erson or age	ent of a bro	ker or dealer
Full	l Name (Last na	me first, if	individual)											
NO	NE													
Bus	iness or Resider	nce Addres	s (Number a	and Street,	City, State,	Zip Code)								
Nan	ne of Associated	Broker o	Dealer											
Stat	es in Which Per	son Listed	Has Solicit	ed or Intend	ls to Solici	t Purchaser	s							
	(Check "All S	tates" or c	heck individ	lual States)									🗖 All	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	(NY) (VT)	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full	Name (Last na	me first, if	individual)			•	, ,	, ,		•				
Bus	iness or Resider	nce Addres	s (Numbe	r and Street	, City, Stat	e, Zip Code	e)							
Nan	ne of Associated	l Broker o	Dealer											
Stat	es in Which Per													
	(Check "All S												All	States
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	(DE) (MD)	[DC] [MA]	(FL) (MI)	[GA] [MN]	[HI] [MS]	[ID] [MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
Full	[RI] Name (Last nar	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
	rvanie (Exist ini	ine msi, n	marviduai)											
Bus	iness or Resider	nce Addres	s (Number	r and Street	City Stat	e. Zin Code	e)		-					
			(((((((((((((((((((((,,,	o,p ====	-,							
Nan	ne of Associated	l Broker o	Dealer											
Stat	es in Which Per	son Listed	Has Solicit	ed or Intend	ls to Solici	t Purchaser	s			· ··-				
	(Check "All S	tates" or c	heck individ	ual States)	**********								🗖 All	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	(IL) (MT)	[IN] [NE]	(IA)	[KS]	[KY]	[LA]	[ME]	[MD]	[MA] [ND]	[MI]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
	[RI]	[SC]	(NV) [SD]	[NH] [TN]	[NJ] [TX]	(NM) [UT]	[NY] _[VT]	[NC] [VA]	[WA]	[OH] [WV]	(WI)	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				APF	PENDIX		~		
1	Intend to non-a investor	d to sell accredited s in State	Type of security and aggregate offering price offered in state (Part C-Item I)	egate price Type of investor and state amount purchased in State					
State	Yes	No	\$750,000,000 in Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount_	Yes	No
AL									
AK									
AZ									,
AR		ļ							
CA		Х	See Above	7	\$6,125,000	N/A	N/A	N/A	N/A
со					 				
СТ		X	See Above	2	2,000,000	N/A	N/A	N/A	N/A
DE									
DC		X	See Above	1	\$100,000	N/A	N/A	N/A	N/A
FL		X	See Above	1	\$275,000	N/A	N/A	N/A	N/A
GA		Х	Sec Above	1	\$500,000	N/A	N/A	N/A	N/A
н									
ID								<u> </u>	
IL		X	See Above	4	\$1,700,000	N/A	N/A	N/A	N/A
IN_		<u> </u>		·					
IA									
KS					<u>.</u>				
KY		ļ							
LA									
ME				_			27/4		21/4
MD		X	See Above	2	\$3,950,000	N/A	N/A	N/A	N/A
MA		X	See Above	4	\$7,520,000	N/A N/A	N/A	N/A N/A	N/A N/A
MI MN		^	See Above	1	\$750,000	IN/A.	N/A	NA	IVA.
MS		x	See Above	1	\$500,000	N/A	N/A	N/A	N/A
мо			OLL ADOVE		\$200 ₉ 000	14/23	1 7/2 %	41145	- 114 12
MT									
NE									
NV									
NH									
NJ		х	Sec Above	3	\$3,194,800	N/A	N/A	N/A	N/A
NM									

	•		· · · · · · · · · · · · · · · · · · ·	APF	PENDIX									
ı	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Number of							Type of investor and amount purchased in State (Part C-Item 2)		Disqual under St (if yes explan waiver	5 iffication ate ULOE , attach ation of granted) -Item 1)
State	Yes	No	\$750,000,000 in Partnership Interests	Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No					
NY		X	See Above	29	\$14,013,121	N/A	N/A	N/A	N/A					
NC		х	See Above	1	\$200,000	N/A	N/A	N/A	N/A					
ND														
ОН									- ·- ·					
ОК														
OR														
PA														
RI														
SC														
SD														
TN														
TX														
UT														
VΤ				·										
VA		х	See Above	t	\$4,500,000	N/A	N/A	N/A	N/A					
WA		Х	See Above	ı	\$149,975	N/A	N/A	N/A	N/A					
wv														
WI														
WY														
PR														

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

